



APPLICATION FOR DEALER PLATES

State Form 23350 (R6 / 1-98)

Approved by State Board of Accounts, 1998

INSTRUCTIONS: DO NOT WRITE IN SHADED AREAS.

BUREAU OF MOTOR VEHICLES
Dealer Section
6400 E. 30th Street
Indianapolis, IN 46219

<i>Indicate type of plates being applied for by checking only one box.</i> A <input type="checkbox"/> Dealer - New F <input type="checkbox"/> Recreational Vehicle Dealer B <input type="checkbox"/> Manufacturer G <input type="checkbox"/> Wholesale Dealer C <input type="checkbox"/> Dealer - Used H <input type="checkbox"/> Transfer Dealer D <input type="checkbox"/> Mobile Home Dealer I <input type="checkbox"/> Motorcycle Dealer - New E <input type="checkbox"/> Trailer Dealer J <input type="checkbox"/> Motorcycle Dealer - Used		Date received (month, day, year)		Dealer number	
		Name of business		Telephone number	
		Address (street and number)			
		City		State	ZIP code
CHECK ONE	INVOICE - Add Fee and Mailing Charge (if applicable) for Total Fee			I hereby certify, under penalty of perjury, that the answers and information contained in this application are true and correct.	
	PLATES AND FEES		TOTAL		
	<input type="checkbox"/>	Set of two (2) Dealer plates @ \$45.25	Fee	Signature of owner, partner or officer	
	<input type="checkbox"/>	Set of two (2) Motorcycle Dealer plates @ 20.25	\$		
	<input type="checkbox"/>	Will Pick Up <input type="checkbox"/> Please mail (if so, Mailing Charge \$3.00)		Dealer No. Typed or printed name and title	
Application must be accompanied by check or money order.		TOTAL FEES	\$		



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